

Contract Monitor:

The attached forms are used to answer the following questions regarding your contractor's emergency plan. If your contractor has already submitted their plan, there's no need for them to complete the forms. Also, contractors may feel free to use additional sheets of paper and/or attach any additional information to their submittal. Please submit all plans/forms by December 31, 2007.

Here is the basic information needed in the contractors EP plan:

1. Government must sustain operations until normal operations can be reconstituted; this may take longer than 30 days. The principal focus in making the determination will be the reduction of the effects on staff and operations.
2. Government needs to ensure contractors have a Risk Communications Plan for communicating with your state and its citizens. The federal government response phase requirement states, "if there is a change in phase it will automatically trigger another readiness measure." (ie: pre-recorded messages or customized messages from contractors to your customers.
3. Contractor's essential functions must be continued to facilitate emergency preparedness management, continuation of services, and overall recovery in excess of the typical 30-day COOP plan.
4. Contractors plan should identify key positions, skills, and personnel needs to continue operation and services to your states and its citizens.
5. Contractors shall identify their contractors, suppliers, shippers, resources and other businesses that it interacts with on a daily basis. They are recommended to develop relationships with more than one supplier should a primary contractor be unable to provide the required service.
6. Contractor shall plan for geographical dispersion of delegation of authority and orders of succession (up to 3 levels).
7. Contractors shall state alternate locations, and what essential functions can be maintained at that location. (Fax, phone, are they secured/unsecured lines, network access, etc)
8. Contractors shall note vital records locations. Is the location secure, protected, and readily available (electronic/hard copy, etc)
9. Contractor shall identify how often they do maintenance on their EP plans.

10. Does the contractor conduct training on their EP plans? If so, are they documented and how often.

11. Contractors plan shall address reconstitution.

**State of Louisiana – DHH - Bureau of Health Services Financing
Business Continuity and Disaster Preparedness Plan**

☐ **Plan To Stay In Business**

If this location is not accessible we will
operate from location below:

Business Name

Business Name

Address

Address

City, State

City, State

Telephone Number

Telephone Number

The following person is our primary
crisis manager and will serve as the
company spokesperson in an
emergency.

If the person is unable to manage the crisis,
the person below will succeed in
management:

Primary Emergency Contact

Secondary Emergency Contact

Telephone Number

Telephone Number

Alternative Number

Alternative Number

Email

Email

☐ **Emergency Contact Information**

Dial 9-1-1 in an Emergency

Non-Emergency Police/Fire

Insurance Provider

**State of Louisiana – DHH - Bureau of Health Services Financing
Business Continuity and Disaster Preparedness Plan (cont'd)**

☐ **Be Informed**

The following natural and man-made disasters could impact our business.

- _____
- _____
- _____
- _____

☐ **Emergency Planning Team**

The following people will participate in emergency planning and crisis management.

- _____
- _____
- _____
- _____

☐ **We Plan To Coordinate With Others**

The following people from neighboring businesses and our building management will participate on our emergency planning team.

- _____
- _____
- _____
- _____

☐ **Our Essential Operations**

The following is a prioritized list of our essential operations, staff and procedures we need to recover from a disaster.

Operation	Staff in Charge	Action Plan
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**State of Louisiana – DHH - Bureau of Health Services Financing
Business Continuity and Disaster Preparedness Plan (cont'd)**

☐ **Suppliers and Contractors**

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

If this company experiences a disaster, we will obtain supplies/materials from the following:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

**State of Louisiana – DHH - Bureau of Health Services Financing
Business Continuity and Disaster Preparedness Plan (cont'd)**

□ **Evacuation Plan For** _____ **Location**
(Insert address)

- We have developed these plans in collaboration with neighboring businesses and owners to avoid confusion or gridlock.
- We have located, copied and posted building and site maps.
- Exits are clearly marked.
- We will practice evacuation procedures _____ times a year.

If we must leave the workplace quickly:

1. Warning System: _____

We will test the warning system and record results _____ times a year.

2. Assembly Site: _____

3. Assembly Site Manager & Alternate: _____

a. Responsibilities Include:

4. Shut Down Manager & Alternate: _____

a. Responsibilities Include:

5. _____ is responsible for issuing all clear.

**State of Louisiana – DHH - Bureau of Health Services Financing
Business Continuity and Disaster Preparedness Plan (cont'd)**

- **Shelter-In-Place Plan For** _____ **Location**
(Insert address)

- We have talked to co-workers about which emergency supplies, if any, the company will provide in the shelter location and which supplies individuals might consider keeping in a portable kit personalized for individual needs.
- We will practice shelter procedures _____ times a year.

If we must take shelter quickly

1. Warning System: _____

We will test the warning system and record results _____ times a year.

2. Storm Shelter Location: _____

3. “Seal the Room” Shelter Location: _____

4. Shelter Manager & Alternate:

a. Responsibilities Include:

5. Shut Down Manager & Alternate:

a. Responsibilities Include:

6. _____ is responsible for issuing all clear.

**State of Louisiana – DHH - Bureau of Health Services Financing
Business Continuity and Disaster Preparedness Plan (cont'd)**

☐ **Communications**

We will communicate our emergency plans with co-workers in the following way:

In the event of a disaster we will communicate with employees in the following way:

☐ **Cyber Security**

To protect our computer hardware, we will:

To protect our computer software, we will:

If our computers are destroyed, we will use back-up computers at the following location:

☐ **Records Back-Up**

_____ is responsible for backing up our critical records including payroll and accounting systems.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back ups are stored onsite _____.

Another set of back-up records is stored at the following off-site location:

If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:

**State of Louisiana – DHH - Bureau of Health Services Financing
Business Continuity and Disaster Preparedness Plan (cont'd)**

☐ **Employee Emergency Contact Information**

The following is a list of our co-workers and their individual emergency contact information:

Name	Title	Work Number	Home Number	Alternate

☐ **Annual Review**

We will review and update this business continuity and disaster plan in _____.